California Medi-Cal Dental Program

Denti-Cal Bulletin

VOLUME 21, NUMBER 41 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2005

ADDITION OF LIMITED DENTAL BENEFITS FOR PREGNANT WOMEN AND CLARIFICATION OF THE SCOPE OF BENEFITS AND SUBMISSION OF CLAIMS FOR EMERGENCY/PREGNANCY-RELATED PROCEDURES

On October 7, 2005, the Governor signed into law Senate Bill (SB) 377, which directed the Department of Health Services to immediately provide coverage of certain non-emergency dental benefits (described below) for pregnant Medi-Cal beneficiaries. Currently these benefits are only available to pregnant women in the following restricted aid codes: 44, 48, 5F, and 58 (see Denti-Cal Bulletin Volume 18, Number 19, released October 2002). Enactment of SB 377 authorizes these same benefits for pregnant women in the following sixteen (16) *additional* aid codes: 0U, 0V, 3T, 3V, 5J, 5R, 5T, 5W, 5Y, 55, 6U, 7C, 7G, 7K, 7N, and 8T.

For dates of service beginning October 7, 2005, a provider may submit a claim for the services already provided. If denied payment for these services, use the Claim Inquiry Form (CIF) process retroactive to October 7, 2005. This applies to the added aid codes only.

The following procedures can now be provided to beneficiaries with Aid Codes 0U, 0V, 3T, 3V, 5J, 5R, 5T, 5W, 5Y, 55, 6U, 7C, 7G, 7K, 7N, and 8T and, as previously indicated, Aid Codes 44, 48, 5F, and 58:

010 Examination, initial episode of treatment only

015 Examination Periodic, effective December 1, 2002, is a benefit once in a six-month period for beneficiaries under age 21, only

049 Prophylaxis, beneficiaries through age 12, once in a six-month period

050 Prophylaxis, effective December 1, 2002, beneficiaries age 13 to 21, once in a six-month period, and 21 years of age and over, once in a twelve-month period

062 Prophylaxis, including topical application of fluoride, beneficiaries age 6 through 17, once in a six-month period

452 Subgingival curettage and root planning per treatment

453 Occlusal adjustment (limited) per quadrant (minor spot grinding)

472 Gingivectomy or gingivoplasty per quadrant

473 Osseus and mucogingival surgery per quadrant

474 Gingivectomy, or gingivoplasty, treatment per tooth (fewer than six teeth)

The following policy will be applied for all claims submitted for the procedures indicated above: If the patient is pregnant and is Aid Code 0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T, indicate ***"PREGNANT"*** in the "Comments" area (Box 34).

Please note that Treatment Authorization Requests (TARs) are not allowed and may not be submitted for these aid codes. If a TAR is submitted for any of the procedures described for these aid codes, it will be denied – not because the beneficiary is ineligible for the procedure, but because the procedure is already authorized for beneficiaries in these aid codes and there is no TAR process for procedures for these beneficiaries.

For claims requesting Procedures 472 and 473, either a history of Procedure 452 must be on file or the provider must submit documentation explaining why Procedure 452 was not performed prior to these procedures. ***Prior authorization is not allowed nor are radiographs required for these procedures for pregnant women in Aid Codes 0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T***. However, for Procedures 452, 472, 473 and 474 a complete periodontal chart must be submitted with the claim.

Pregnant women in Aid Codes 0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T are also eligible to receive emergency dental services. For claims for emergency services, a clinical emergency certification statement and, when applicable, radiographs and/or other documentation to justify the procedure must be submitted. **Simply stating "Pregnant" for emergency procedures is insufficient and the claim will be denied.**

The following procedures are allowable as emergency dental procedures for pregnant women in the following aid codes:

Aid Codes	***Emergency Dental Procedures***
0U, 0V, 3T, 3V, 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58, 6U, 7C, 7G, 7K, 7N, or 8T	020, 030, 035, 040, 080, 110, 111, 113, 114, 115, 116, 117, 118, 125, 150, 160, 200, 201, 202, 203, 204, 220, 230, 231, 232, 259, 260, 261, 262, 263, 264, 265, 266, 269, 270, 271, 273, 276, 277, 278, 279, 280, 281, 282, 290, 292, 299, 300, 301, 400, 451, 501, 502, 503, 511, 512, 513, 530, 531, 600, 601, 602, 603, 611, 612, 613, 614, 640, 641, 645, 646, 648, 670, 671, 672, 685, 686, 687, 690, 694, 695, 696, 716, 720, 721, 723, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 900, 901, 902, 903, 904, 905, 906, 907, 913, 915, 916

Note: These emergency dental procedures are also available to men, children, and non-pregnant women whose Medi-Cal coverage is limited to "emergency services only." **Providers are also reminded that emergency root canal procedures are *only* allowed if the tooth is totally avulsed or there is a fracture of a coronal portion of a permanent tooth, exposing the vital pulpal tissue.**

When the procedures listed above are provided for patients in one of the above aid codes (regardless of whether they are pregnant), an emergency certification statement

is always required. This statement must be either entered in the "Comments" area (Box 34) on the claim form or attached to the claim. It must:

(a) Describe the nature of the emergency, including clinical information pertinent to the patient's condition; and

(b) Explain why the emergency services provided were considered immediately necessary.

The statement must be signed by the dentist providing the services (in the "Comments" area or on the attached statement) and must provide enough information to show the existence of an emergency dental condition and need for immediate treatment. **Merely stating an emergency existed or that the patient was in pain is insufficient**. When applicable, necessary documentation and/or radiographs to justify the procedure must be submitted with the claim.

If you have any questions, please call Denti-Cal toll-free at (800) 423-0507.